

FILED

KHA, DO

PLAINTIFF/PETITIONER/MOVANT'S NAME

PRISON NUMBER

V25745

PLACE OF CONFINEMENT

WASCO state prison

ADDRESS

P-0- BOX 4400

WASCO, CA 93280

2008 MAR 28 PM 2:36

CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIABY *RM*

DEPUTY

2254	1983	✓
FILING FEE PAID		
Yes	No	✓
MPP MOTION FILED		
Yes	✓	No
COPIES SENT TO		
Court	✓	ProSe

United States District Court
Southern District Of California

'08 CV 0591 W JMA

KHA, DO

Plaintiff/Petitioner/Movant

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS

I declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration _____

Are you employed at the institution? Yes No

Do you receive any payment from the institution? Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

WASCO state prison

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. None

None

None

None

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. None

None

None

None

3. In the past twelve months have you received any money from any of the following sources?

- a. Business, profession or other self-employment Yes No
- b. Rent payments, royalties interest or dividends Yes No
- c. Pensions, annuities or life insurance Yes No
- d. Disability or workers compensation Yes No
- e. Social Security, disability or other welfare Yes No
- f. Gifts or inheritances Yes No
- f. Spousal or child support Yes No
- g. Any other sources Yes No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. None

None

None

None

4. Do you have any checking account(s)? Yes No

a. Name(s) and address(es) of bank(s):

None

b. Present balance in account(s):

None

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes No

a. Name(s) and address(es) of bank(s): None

None

b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? Yes No

a. Make: None Year: None Model: None

b. Is it financed? Yes No

c. If so, what is the amount owed? None

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form MUST be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, _____, request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either \$150 (civil complaint) or \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

3/18/08

DATE

Khao

SIGNATURE OF PRISONER

KHA Do

DECLARE UNDER PENALTY THAT

I AM THE Petitioner IN THE ABOVE ENTITLED ACTION. I AM SENDING THE FOREGOING DOCUMENTS AND KNOW THE CONTENTS THEREOF, TO BE TRUE EXCEPT AS TO MATTERS STATED THEREIN UPON INFORMATION AND AS TO THOSE MATTERS I BELIEVE THAT THEY ARE TRUE.

EFFECTED THIS 18th DAY OF March, 2008, AT WASCO STATE PRISON, WASCO, CALIFORNIA 93280

Kha Do

SIGNATURE OF DECLARANT/PRISONER

PROOF OF SERVICE BY MAIL
(C.O.P. section 1013(a) & 2015.5; 2U.S.C. section 1746)

I, KHA Do AM A RESIDENT OF WASCO STATE PRISON, STATE OF CALIFORNIA. I AM OVER EIGHTEEN (18) YEARS AND AM/ARE THE DEFENDANT IN THE ABOVE ENTITLED ACTION. MY STATE PRISON ADDRESS IS: P.O. Box 4400, WASCO, CALIFORNIA 93280

EFFECTED THIS 18th DAY OF March, 2008, I SERVED THE FOREGOING:

Complaint under the Civil Rights Act 42 U.S.C. 1983
(SET FORTH EXACT TITLE OF DOCUMENTS SERVED)

ON THE PARTIES HERIN BY PLACING A TRUE COPY(S) THEREOF ENCLOSED IN A SEALED ENVELOPE WITH POSTAGE THEREON FULLY PAID, IN THE UNITED STATES MAIL. IN A DEPOSIT BOX AT WASCO STATE PRISON, WASCO, CALIFORNIA 93280 OR WAS PICKED UP BY CORRECTIONS IN CHARGE OF PICKING UP MAIL ADDRESSED AS FOLLOWS:

United States District Court

Southern District of California

880 Front Street Rm. 4290

San Diego, Ca 92101 - 8900

THERE IS MAIL SERVICE BY UNITED STATES MAIL AT THE PLACE SO ADDRESSED AND THERE IS REGULAR COMMUNICATION BY MAIL BETWEEN THE PLACE SO ADDRESSED

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE.

DATED: 3/18

08

Kha Do

SIGNATURE OF DECLARANT/PRISONER

Plaintiff's Name: KHA, DO
 CDC No: V25745-A-2-236
 Address: P.O. BOX 4400

UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA

KHA, DO.

vs.

DHVITA DIRECTOR

DEPARTMENT OF CORRECTION) MEDICAL

Plaintiff,

Defendant(s),

APPLICATION TO PROCEED
 IN FORMA PAUPERIS
 BY A PRISONER

CASE NUMBER:

I, KHA, DO, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. section 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "no" DO NOT USE THIS FORM)

If "yes" state the place of your incarceration. WASCO STATE PRISON

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed (includes prison employment)? Yes No

a. If the answer is "yes" state the amount of your pay. NONE

b. If the answer is "no" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

3. Have you received any money from the following sources over the last twelve months?

a. Business, profession, or other self-employment: Yes No

b. Rent payments, interest or dividends: Yes No

c. Pensions, annuities or life insurance payments: Yes No

d. Disability or workers compensation payments: Yes No

e.. Gifts or inheritances:

 Yes No

f. Any other sources:

 Yes No

If the answer to any of the above is "yes," describe by that item each source of money. Also state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

4. Do you have cash (includes balance of checking or savings accounts)? Yes No

If "yes" state the total amount: *NONE*

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? Yes No

If "yes" describe the property and state its value: *NONE*

6. Do you have any other assets? Yes No

If "yes," list the asset(s) and state the value of each asset listed:

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support. *NONE*

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. section 1915(b)(2).

3/4/08
DATE

 *3/4/08*
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ *3.81* on account to his/her credit at *WAECO State Prison - Re* (name of institution). I further certify that during the past six months, the applicant's average monthly balance was \$ *200.00*. I further certify that during the past six months, the average of monthly deposits to the applicant's account was \$ *41.66*.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months).

3-20-08

DATE

(Form Last Revised 09/18/03)

Augustine Jeffrin

SIGNATURE OF AUTHORIZED OFFICER

REPORT ID: TS3830 .701

REPORT DATE: 03/06/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
 WASCO STATE PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU MAR. 06, 2008

ACCOUNT NUMBER : V25745

BED/CELL NUMBER: FAB200000000236U

ACCOUNT NAME : DO, KHA

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	09/01/2007		BEGINNING BALANCE					36.80
09/04	09/04	D300	CASH DEPOSIT	1097/MR		100.00		136.80
09/07	09/07	WS21	FUND RAISER C	1202/PIZZA			10.73	126.07
09/07	09/07	W401	DONATION-ALCO	1202/PIZZA			2.00	124.07
09/17	09/17	FC01	DRAW-FAC 1	1347/FAC A			60.00	64.07
10/15	10/15	FC01	DRAW-FAC 1	1855/A			54.00	10.07
11/01	11/01	D300	CASH DEPOSIT	2201/MR		100.00		110.07
11/19	11/19	FC01	DRAW-FAC 1	2479/A			90.00	20.07
12/06	12/06	W521	FUND RAISER C	2770/FOOD			14.26	5.81
12/06	12/06	W401	DONATION-ALCO	2770/FOOD			4.00	1.81
12/17	12/17	FR01	CANTEEN RETUR	702979			2.00-	3.81
ACTIVITY FOR 2008								
02/14	02/14	D300	CASH DEPOSIT	4061/MR		50.00		53.81
02/19	02/19	FC01	DRAW-FAC 1	4123/FAC A			50.00	3.81

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
36.80	250.00	282.99	3.81	0.00	0.00

CURRENT
 AVAILABLE
 BALANCE

3.81



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Augie Jiffins
 TRUST OFFICE*Acct Clerk FF*